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PRIVATE PILOT LICENCE INSTRUMENT RATING MULTI ENGINE FLIGHT DISPATCH CABIN CREW

SURNAME: FIRST NAME:

OTHER NAMES: GENDER: MALE FEMALE

DATE OF BIRTH: ID/PASSPORT NO:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

TELEPHONE: E-MAIL:

NATIONALITY: COURSE APPLYING FOR:

NEXT OF KIN INFORMATION

NAME:

ADDRESS:

TELEPHONE: E-MAIL:

MEDICAL FITNESS

MEDICAL INSURANCE: YES NO

NAME AND ADDRESS OF PERSONAL CLINIC:

BLOOD GROUP: ALLERGIES:

PERSONAL DOCTOR: DOCTOR'S PHONE:

ACADEMIC INFORMATION

S/N	INSTITUTIONS/SCHOOL	YEAR (FROM/TO)	COMPLETED (Y/N)	GRADE/CGPA
1				
2				
3				
4				

DETAILS OF SECONDARY SCHOOL CERTIFICATE EXAMINATION RESULTS

WAEC NECO OTHER (PLEASE SPECIFY):

NO. OF CREDITS: NO. OF SITTINGS:

SUBJECTS:

1. MATHEMATIC*

2. ENGLISH LANGUAGE*

3. PHYSICS*

4.

5.

6.

GRADES OBTAINED:

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FINANCIAL SPONSORSHIP

SELF PARENT/GUARDIAN COMPANY GOVERNMENT

CONTACT ADDRESS:

REFERENCES

*Referees should not be family members but persons that can provide information about your character and confirm the information you have provided.

1. NAME:

ADDRESS:

PHONE NO: E-MAIL:

2. NAME:

ADDRESS:

PHONE NO: E-MAIL:

I confirm that all details provided above are complete and accurate.

NAME:

SIGNATURE: DATE:



DECLARATION

1. I accept that if while completing this application, I knowingly or carelessly provided untrue or inaccurate information.
 - a. Any offer of admission, whether accepted or not, may be withdrawn by Private Flyers Academy.
 - b. I may be required to withdraw from any course in which I am enrolled.
2. I agree that Private Flyers Academy may verify the information provided by contacting any or all of the relevant institutions provided by me.
3. I confirm that all the information provided above is true, complete and accurate.
4. I have read the section of the Company policy regarding cancellation, withdrawal and refunds, and declare that I understand and accept the terms and conditions therein.
5. I agree that if the School accepts my application, I will commence the course of training and make payments accordingly and promptly.
6. I hereby give the Academy permission to pass relevant information concerning my results and academic progress at the Academy to my sponsor/NCAA.
7. I accept that the Academy reserves the right to update its tuition fees in conformance with the prevailing socio-economic environment, to meet its operational obligations, without prior notice.
8. This application form attracts a non-refundable fee.

SIGNATURE OF APPLICANT: **DATE:**

NAME OF PARENT/LEGAL GUARDIAN/SPONSOR:

SIGNATURE: **DATE:**

FLIGHT TRAINING

- The PPL Training is allocated a qualifying forty-Five (45hrs) of Flight including simulator time. Each student is expected to graduate within the qualifying hours as stated
- Any hour flown above the qualifying hours will attract a separate charge on a pay as you go basis.

CANCELLATION POLICY

1. General

Private flyers International is committed to providing exceptional service in a timely manner unfortunately when a student cancels without giving enough notice; it prevents another student from being served. For these reasons, Private Flyers International has implemented a cancellation policy that will be strictly observed.

2. Full payment

Your registration is complete when we receive your full payment. Payment can be online or in person. An online confirmation email will be sent to you at the time of registration and payment. This email serves as confirmation of your registration.

3. Cancellation Report

Cancellation request may be submitted by phone, email, online or in person, please note that refunds will be processed in the original form of payment, if you have any question or concerns about our cancellation policy, please contact us at (PHONE NUMBER +2348084347007).

4. Refund Policy

- Refund request made between 1 and 10 business days prior to commencement are subjected to a Ten percent (10%) administration fee.
- Alternatively, you may request that the original registration fee be transferred to a future date or batch of your choice.
- No refund or transfer will be issued on the day of or after full commencement of the program.